

Massachusetts Center for Health Information and Analysis
2 Boylston Street, Boston, MA 02116
Tel (617) 988-3100 FAX (617) 727-7662 TTY (617) 988-3175

FORM TO ADD CHIA-INET USERS

This form must be completed to add CHIA-INET Users at the facility.

Vendor Payment Number (VPN) _____

Facility Name _____

Facility Street Address _____

Facility City, State, Zip Code _____

I authorize access to the user(s) below to submit data to the Center for Health Information and Analysis through the CHIA-INET system under the terms and conditions of the Non-Confidential Data Reporting Security Agreement submitted for the above facility.

Owner, Officer or Partner _____ Date _____

Print Name of Signer _____ Title of Signer _____

1. Authorized Signatory - An Electronic signature of a majority owner, Officer or Partner is required to submit the electronic HCF-1 Nursing Facility cost report.

_____ User Agreement already submitted ☐

2. Preparers - If the HCF-1 cost report is prepared by someone other than an owner, officer or partner, the preparer must be an authorized web user for your facility. List the names of the persons or companies to be added as web submitters:

_____ User Agreement already submitted ☐

_____ User Agreement already submitted ☐

_____ User Agreement already submitted ☐

3. Other Nursing Facility Cost Report -

_____ User Agreement already submitted ☐

_____ User Agreement already submitted ☐

_____ User Agreement already submitted ☐

4. Quarterly Nursing Home User Fee Report -

_____ User Agreement already submitted ☐

_____ User Agreement already submitted ☐

_____ User Agreement already submitted ☐

NOTE: Only one Non-Confidential Data Security Agreement must be submitted for each facility. Individual User Agreements must be submitted for each user listed above. If the User Agreement is for more than one facility, a list of the homes must be attached.

If a User Agreement has already been submitted for anyone listed above, check the appropriate box.